## PART B - FEE(S) TRANSMITTAL

TPE		PART B	s - FEE(S) TRA	NSMITTAL		
Complete and send th	his form, together wit	h applicable f	ee(s), to: Mail	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450		
or Fax				Alexandria, Virginia 22313-1450 (703) 746-4000		
appropriate All further con indicated unless corrected b	respondence including the local below or directed otherwise	Dotont advance or	E FEE and PUBLI	CATION FEE (if requ	ired). Blocks I through 5 s vill be mailed to the current and/or (b) indicating a sep	correspondence address as
CURRENT CORRESPONDENCE	E ADDRESS (Note: Use Block 1 for	any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying			
7590 12/08/2004				papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
HungChang LIN 8 Schindler Ct. Silver Spring, MD 20903				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
01/24/2005 KBETEMA2 00000022 10688437				Hung Chang LIN (Depositor's name)		
01 FC:2501 700.00 OP 02 FC:1504 300.00 OP 03 FC:8001 24.00 OP			Jan. 20, 2005		(Signature)	
APPLICATION NO.	1.00 NP FILING DATE	FIRST NAMED INVEN		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
. 10/688,437	10/20/2003	10/20/2003 Hung Chang Lin			MSI-5	1577
TITLE OF INVENTION: A	DAPTIVE MOSFET RESIS	TOR				
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE F	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	<b>1</b>	\$300	\$985	03/08/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	J	
LAM, TUA		2816		327-432000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  H.C.Lin  Patent Agent			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Maryland Semiconductor, Inc.  (Clarksburg, Maryland						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are  Issue Fee Publication Fee (No su Advance Order - # of	mall entity discount permitte		Bb. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
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